Joint Legislative Oversight Committee on Mental Health, Developmental Disabilities, and Substance Abuse Services

Case Management for Persons with MH/DD/SA

November 10, 2009

MH/SA/IDD Case Management Providers

- Mental Health/Substance Abuse (MH/SA) case management will be provided by Critical Access Behavioral Health Agencies (CABHA)
- Case management for people with Intellectual or Developmental Disabilities (IDD), both waiver and non waiver, will continue to be provided by Targeted Case Management Agencies.
- Both agency types will be required to interface with primary care.

Critical Access Behavioral Health Agencies (CABHA) for MH/SA

Services Provided

- Medication management, outpatient therapy, and comprehensive clinical assessment
- 2 additional enhanced services (continuum)
- Can provide Case Management and Peer Support Services (optional)

**Outlined in Implementation Update #63

Case Management

- Services that assist individuals in gaining access to needed medical, social, educational, and other services.
- Consists of 4 federally defined functions:
  - **Assessment**,
  - Development of **Care Plan**,
  - **Referral**, and
  - **Monitoring** and Follow-Up
- Should not be viewed as "forever" service. Goal is to teach person how to navigate the system- to promote independence, not to teach dependence.
  - Should promote recovery focused
  - Chronic diseases promote self-management

Access to Case Management

- LME through screening, triage, and referral (STR)
- Community Care of North Carolina (CCNC) refers to LME (or CABHA) as defined by acuity
- No ‘wrong door’ for access
- Other services that include CM
- Work group is working on acuity tool or target population in order to determine need for specialty case management
  - Administration
  - Frequency of authorization

Case Management Example 1

Situation: 50 year old man

- Schizophrenia
- Hypertension, Diabetes
- 2 ER visits in the last 6 months
- History of non compliance with his medication & personal care
- social isolation, limited social supports

Case Management Example 1 cont'd

- LME evaluates through Screening Triage and Referral (STR)
- LME refers to Case Management Agency
- **Assessment:** Case Manager refers for assessments, compiles assessment (medical, behavioral) & reviews
- **Care Planning**: CM meets with recipient & paid/unpaid supports to develop care plan w/outcome measures and crisis plan. Include agencies, supports who are involved or could be involved with the person. Plan addresses all aspects of the person's life such as housing, medical care, disease management – specifically addressing his diabetes and high blood pressure. Examination of ER use.
- **Referral**: Peer Support, primary care physician, community social groups, and transportation.
- **Monitoring:** CM reviews progress toward outcomes & goals in care plan; makes additional referrals, and makes modifications in plan as needed. Interacts with resources, such as his primary care physician to inform of issues that impact overall care. Incentives to be compliant with medications and interventions.

Case Management Example 2

Situation: 10 year old boy

- Moderate mental retardation
- Cerebral Palsy
- Requires total assistance with all basic skill needs
- Attends school program 6 hours per day 5 days per week

Case Management Example 2 cont'd

- LME evaluates through STR
- LME refers to Case Management (independent of services provision) Agency
- **Assessment:** Case Manager (CM) schedules meeting with recipient and family. Gains knowledge of family, assessments completed, IEP gathers assessments already completed and determines if additional assessments are needed.
- **Care Plan:** CM, recipient, family and any other natural supports develop Care Plan w/goals.
- **Referral** could include**:** Personal care, Respite, medical doctor, therapy, DME, assistive technology, arranges for natural supports. Works with needs of family in order to maintain healthy family.
- **Monitoring:** CM follows up with recipient/family & monitors provider for progress on goals. There should be heavy linkage and monitoring of services and interactions with school and medical community. Communication should be sending and receiving status reports. Attendance at IEP meetings and interfacing of IEP and care plan are important.

Case Management for People with DD or other Intellectual Disabilities

- Will continue to be provided by independent case management agencies
- Due to reduction in administrative functions and other identified efficiencies, units may be reduced for some recipients
- NC is waiting for approval for an old DD CM SPA. Once the SPA is approved, another SPA will be submitted that changes the 15 minute billing unit to a case rate
- Provider and staff qualifications will be examined prior to submission of next SPA
  - Outcomes established

Community Support

- Case Management is currently "bundled" in Community Support
  - A state plan amendment is prepared for a stand alone CM definition
    - Definition change, provider qualification change, and
    - entrance/exit criteria that prioritizes target populations and higher acuity recipients
    - Rate moving forward will be a case rate, not the current 15 minute billing unit
  - Once CMS approves the stand alone definition, only CABHA agency may provide CM to MH/SA
  - In the interim, the existing CS agencies continue to provide CM
    - Currently working with CMS regarding options if CM SPA is not approved effective January 1.

Other Case Management in MH/DD/SA services

- Case management is "bundled" in Intensive In-home, ACT, MST, Community Support Team, Substance Abuse Intensive Outpatient, and Substance Abuse Comprehensive Outpatient Treatment
  - Current plans do not include "de-bundling" CM
  - Evidence based practice of ACT and MST include CM as part of the definition. Changing the model, challenges the fidelity of the definition
  - Case management will continue to be provided by CS Team agencies.
    - Rate and/or billing structure will change for CS Team
  - No other changes to bundled rate structure anticipated
  - Changes are anticipated
    - Endorsement of providers
    - Establishing provider outcomes/benchmarks – including linkage to primary care, including disease self management
    - Entrance and continued stay criteria

Summary of Current Status

- Developing any specific requirements of the definition, including provider qualifications, individual staff skills, agency outcomes/benchmarks
  - Stakeholder workgroups
- Determining Case rates
  - Differential rates based upon acuity?
  - Differential rates based upon performance or meeting established outcomes
- Revising State Plan Amendments (SPAs) for CMS for DD and for MH/SA
- Developing CAP waiver technical amendments to CMS
- Developing time line for implementation
- Developing training plan